

Motorcycle Waiver and Mentorship Ride Release Form

In signing this document, I represent that I am fully knowledgeable of the danger and hazards associated with riding motorcycles. I understand that such activities **may cause serious injury or death**. I certify that I am duly licensed and competent to operate a motorcycle in a safe manner, and the vehicle is in a safe operating condition. (T-CLOCs) I will be riding on public highways and am solely responsible to determine the speed and operational characteristics of my motorcycle while participating in the Motorcycle Mentorship Ride. I am licensed to operate a motorcycle and always carry motorcycle liability insurance as required by state law. I hereby release and hold harmless, Tom Wright and/or Central Jersey Rider Training, and The Green Knight Motorcycle Club and any of their executives or members against any and all claims, causes of action, or any other liability of any kind arising from my activity during the Motorcycle Mentorship Ride and Event activities.

I certify that I have no known physical or mental impairment that may affect my safety or the safety of the group. I understand that I must comply with Joint Base Policy on the PPE requirements including those regarding state laws.

I certify that I am not under the influence of any narcotic, alcohol or other drug that may impair my understanding or judgment, and that I will not at any time during the event operate my motorcycle under the influence of any narcotic, alcohol or any drug.

Print name: _____

Signature Date: _____

Phone: _____

Drivers license number: _____ State: _____

Vehicle insurance carrier: _____

Policy #: _____

Passenger Name: _____

Signature of passenger: _____